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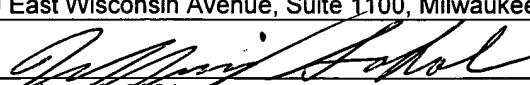
|  |                   |
|--|-------------------|
| Application Number                       | 10/716,365        |
| Filing Date                              | 11/18/2003        |
| First Named Inventor                     | Tom Lalor         |
| Group Art Unit                           | 3643              |
| Examiner Name                            | Andrea M. Valenti |
| Total Number of pages in this Submission | 20                |
| Attorney Docket Number                   | 1013-00029        |

### TRANSMITTAL FORM

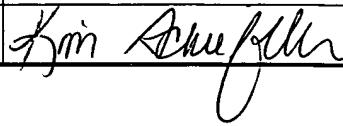
(to be used for all correspondence after initial filing)

Total Number of pages in this Submission 20

| ENCLOSURES (check all that apply)  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><br><input checked="" type="checkbox"/> Amendment<br><input type="checkbox"/> After final<br><br><input checked="" type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement/PTO-1449<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Response to Missing Parts Under 37 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><br><input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition Checklist and Accompanying Petition<br><br><input type="checkbox"/> To Convert a Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> After Allowance Communication To Group<br><br><input type="checkbox"/> Appeal Communication to Board Of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input checked="" type="checkbox"/> Additional Enclosure(s) (Please identify below) |
| <div style="border: 1px solid black; padding: 5px; min-height: 40px;">           Return receipt postcard<br/>           Request for Approval of Replacement Drawings         </div>  |   |   |
| Remarks  |   |   |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |  |
|--|--|
| Firm<br>Or<br>Individual Name              | Jeffrey S. Sokol, Reg. No. 35,686<br>ANDRUS, SCEALES, STARKE & SAWALL, LLP<br>100 East Wisconsin Avenue, Suite 1100, Milwaukee, WI 53202 |
| Signature                                  |    |
| Date                                       | November 12, 2004  |

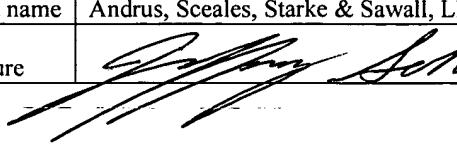
| CERTIFICATE OF MAILING   |  |
|--|--|
| I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: |  |
| November 12, 2004  |  |

|                       |   |                 |
|-----------------------|---|-----------------|
| Typed or printed name | Kim Schiebelbein  |                 |
| Signature             |  | Date 11/12/2004 |



Approved for use through 9/30/98  
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|  |  |             |  |   |                   |     |        |  |
|--|--|-------------|--|---|-------------------|-----|--------|--|
| O/SB/17<br>(10/97)   |  |             |  | COMPLETE IF KNOWN   |                   |     |        |  |
| <b>FEES TRANSMITTAL</b>  |  |             |  | Application Number  | 10/716,365        |     |        |  |
|  |  |             |  | Filing Date   | 11/18/2003        |     |        |  |
|  |  |             |  | First Named Inventor  | Tom Lalor         |     |        |  |
|  |  |             |  | Group Art Unit  | 3643              |     |        |  |
|  |  |             |  | Examiner Name   | Andrea M. Valenti |     |        |  |
| Total Amount of Payment  |  | (\$ 100.00) |  | Attorney Docket Number  | 1013-00029        |     |        |  |
| <b>METHOD OF PAYMENT</b> (check one)   |  |             |  | <b>FEES CALCULATION</b> (continued)   |                   |     |        |  |
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:<br>Deposit Account Number <span style="border: 1px solid black; padding: 2px;">01.2000</span> |  |             |  | 2. <b>Additional Fees</b><br>Large Entity   Small Entity<br>Fee   Fee   Fee   Fee<br>Code (\$)   Code (\$)   Fee Description   Fee Paid |                   |     |        |  |
|  |  |             |  | 105   | 130               | 205 | 65     | Surcharge-late filing fee or oath  |
|  |  |             |  | 127   | 50                | 227 | 25     | Surcharge-late provisional filing fee or cover sheet                       |
|  |  |             |  | 139   | 130               | 139 | 130    | Non-English specification  |
|  |  |             |  | 147   | 2,520             | 147 | 2,520  | For filing a request for reexamination                                     |
|  |  |             |  | 112   | 920*              | 112 | 920*   | Requesting publication of SIR prior to Examiner action                     |
|  |  |             |  | 113   | 1,840*            | 113 | 1,840* | Requesting publication of SIR after Examiner action                        |
|  |  |             |  | 115   | 110               | 215 | 55     | Extension for response within first month                                  |
|  |  |             |  | 116   | 400               | 216 | 200    | Extension for response within second month                                 |
|  |  |             |  | 117   | 950               | 217 | 475    | Extension for response within third month                                  |
|  |  |             |  | 118   | 1,510             | 218 | 755    | Extension for response within fourth month                                 |
|  |  |             |  | 128   | 2,060             | 228 | 1,030  | Extension for response within fifth month                                  |
|  |  |             |  | 119   | 310               | 219 | 155    | Notice of appeal   |
|  |  |             |  | 120   | 310               | 220 | 155    | Filing a brief in support of an appeal                                     |
|  |  |             |  | 121   | 270               | 221 | 135    | Request for oral hearing   |
|  |  |             |  | 138   | 1,510             | 138 | 1,510  | Petition to institute a public use proceeding                              |
|  |  |             |  | 140   | 110               | 240 | 55     | Petition to revive unavoidably abandoned application                       |
|  |  |             |  | 141   | 1,320             | 241 | 660    | Petition to revive unintentionally abandoned application                   |
|  |  |             |  | 142   | 1,320             | 242 | 660    | Utility issue fee (or reissue)   |
|  |  |             |  | 143   | 450               | 243 | 225    | Design issue fee   |
|  |  |             |  | 144   | 670               | 244 | 335    | Plant issue fee  |
|  |  |             |  | 122   | 130               | 122 | 130    | Petitions to the Commissioner  |
|  |  |             |  | 123   | 50                | 123 | 50     | Petitions related to provisional applications                              |
|  |  |             |  | 126   | 240               | 126 | 240    | Submission of Information Disclosure Statement                             |
|  |  |             |  | 581   | 40                | 581 | 40     | Recording each patent assignment per property (times number of properties) |
|  |  |             |  | 146   | 790               | 246 | 395    | Filing a submission after final rejection (37 CFR 1.129(a))                |
|  |  |             |  | 149   | 790               | 249 | 395    | For each additional invention to be examined (37 CFR 1.129(b))             |
| Other fee (specify) _____  |  |             |  |   |                   |     |        |  |
| Other fee (specify) _____  |  |             |  |   |                   |     |        |  |
|  |  |             |  | <b>SUBTOTAL (3)</b>   |                   |     |        |  |
|  |  |             |  | *Reduced by Basic Filing Fee Paid (\$ 55.00)  |                   |     |        |  |

|                      |   |                          |      |                     |                         |  |
|----------------------|---|--------------------------|------|---------------------|-------------------------|--|
| SUBMITTED BY         |   | COMPLETE (if applicable) |      |                     |                         |  |
| Type or Printed name | Jeffrey S. Sokol<br>Andrus, Sceales, Starke & Sawall, LLP                           |                          |      | Registration Number | 35,686                  |  |
| Signature            |  |                          | Date | 11/12/2004          | Deposit Account User ID |  |